



Town of Burlington  
29 Center Street  
Burlington, MA 01803

**EQUAL OPPORTUNITY (EO) POLICY**  
**REASONABLE ACCOMMODATION REQUEST FORM**

Name: \_\_\_\_\_

Dept. \_\_\_\_\_

Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_

**1. What specific accommodation are you requesting?**

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**1a. If unsure, do you have any suggestions that we can explore? Yes No**

**1b. If yes, please explain:**

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**2. Is your accommodation request time sensitive? Yes No**

**2a. If yes, please explain:**

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**3. Please identify your limitation(s)**

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**4. What is the expected duration of this limitation?**

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**5. What, if any, job function(s) are you having difficulty performing due to this limitation?** \_\_\_\_\_

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**6. What, if any, employment benefits (i.e. parking, architectural barriers, etc.) are you having difficulty accessing?**

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**7. Have you previously received an accommodation for this limitation?**

Yes No

**7a. If yes, what were they and how effective were they?**

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**8. Please provide additional information that might be helpful to process your request.**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return this form to:**

**Joanne M. Faust, Civil Rights Coordinator and  
Human Resources Director  
Town of Burlington  
29 Center Street Burlington, MA 01803  
TEL: (781) 505-1160  
EMAIL: [jfaust@burlington.org](mailto:jfaust@burlington.org)**

The Town of Burlington is committed to providing reasonable accommodations for qualified individuals with disabilities in a fair and equal manner and in accordance with applicable federal and state law, unless doing so represents an undue hardship.